SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(3)

INTELLEX MEDICAL MANAGEMENT SYSTEMS, INC.

**FILED** Jul 30 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |   |  |                             |  |                    |  | I I PROFILIO ALLI I ERDAL MORFIO MERIT BRAIDA GURE DIGILI BIGUI BADAL DUDUL DIGUL   | H       |  |
|--|---|--|-----------------------------|--|--------------------|--|---|---------|--|
| % JOHN F. STEWART<br>2121 WEST FIRST STREET<br>FORT MYERS FL 33801                 |   |  |                             | % JOHN F. STEWART<br>2121 WEST FIRST STREET<br>FORT MYERS FL 33901 |                    |  | DO NOT WRITE IN THIS <b>SP</b> ACE  |         |  |
|  |   |  | -                           |  |                    |  | 3. Date Incorporated or Qualified   |         |  |
|  | _                                       |  |                             |  |                    |  | 06/19/1987  |         |  |
| 2. Principal Place of Business   |   |  |                             | 2a. Mailing Address  |                    |  | 4. FEI Number Applied F   | or      |  |
| 21   |   |  |                             | 26   |                    |  | <b>59-2839328</b> Not Appli   | cable   |  |
| Suite, Apt. #, etc.  |   |  |                             | Suite, Apt. #, etc.  |                    |  | 5. Certificate of Status Desired \$8.75 Addition  | nal     |  |
| 22   |   |  |                             | 27   |                    |  | 5. Certificate of Statos Desired Fee Required   | -       |  |
| City & State   |   |  |                             | City & State   |                    |  | 6. Election Campaign Financing \$5.00 May B   | 0       |  |
| 23   |   |  |                             | 28   |                    |  | Trust Fund Contribution Added to Fees   |         |  |
| Zip Country  |   |  | L                           | Zip Country  |                    | ry   | 8. This corporation owes or has paid the current year intangible  |         |  |
| 24   | 25                                      |  | 29                          | ·····  | 30                 |  | Personal Property Tax due June 30. Yes No   |         |  |
| 9. Name and Address of Current Registered Agent                                    |   |  |                             |  |                    |  | 10. Name and Address of New Registered Agent  |         |  |
| STEV   | WART, JOH                               | IN F   |                             |  | 8                  | 1 Name   |   |         |  |
| 2121 WEST FIRST STREET   |   |  |                             |  | 8                  | 82 Street Address (P.O. Box Number is Not Acceptable)          |   |         |  |
| FORT MYERS FL 33901  |   |  |                             |  |                    |  |   |         |  |
|  |   |  |                             |  | 8                  | 3  |   |         |  |
|  |   |  |                             |  | В                  | 4 City   | las Z. O.d.   |         |  |
|  |   |  |                             |  | ľ                  | City   | FL 85 Zip Code  |         |  |
| office or agent. I a   | regist <b>ere</b> d ag<br>am familiar w | gent, or both, in the Sta<br>vith, and accept the obli | te of Florid<br>gations of, | a. Such change was i<br>section 607.0505, Fk                       | authorized b       | y the corpo  | corporation submits this statement for the purpose of changing its registered<br>poration's board of directors. I hereby accept the appointment as registered | 1       |  |
| Signature, typed or printed name of registered agent and title if applicable (NOT) |   |  |                             |  |                    | E. Registered Agent signature required when reinstating)  DATE |   |         |  |
| 12.  |   | OFFICERS A   | ND DIREC                    |  | 13.                |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  | 12      |  |
| TITLE  | PSTD                                    |  |                             | ☐ DELETE   | 1.1 TITLE          |  | ☐ Change ☐ Ac   | dition  |  |
| NAME WILLIAMS, PAUL H  |   |  |                             | 1.2  |                    |  |   |         |  |
| STREET ADDRESS 18283 OWL CREEK DRIVE   |   |  |                             | 1.3  |                    | TADDRESS   |   |         |  |
| CITY-ST-ZIP  | ALVA FL                                 |  |                             | <u>_</u> _   | 1.4 CITY-          | +  |   |         |  |
| TITLE  | 1                                       |  |                             | DELETE   | 2.1 TITLE          |  | Change L Ac   | ldition |  |
| NAME   | 17.205.705, 0.201.021                   |  |                             | 2.2 N  |                    |  |   |         |  |
| STREET ADDRESS 2780 CLEVELAND AVENUE #80   |   |  | 805                         | 2.   |                    | TADDRESS   |   |         |  |
| CITY-ST-ZIP FORT MYERS FL  |   |  |                             |  |                    | ST-ZIP   |   |         |  |
| TITLE  | S                                       |  |                             | DELETE   | 3.1 TITLE          |  | Change Ad   | idition |  |
| NAME   |   | , MARGARET   |                             |  | 3.2 NAME           |  |   | - 1     |  |
| STREET ADDRESS   |   | VL CREEK DRIVE   |                             |  | 3.3 STREE          | T ADDRESS  |   |         |  |
| CITY-ST-ZIP  | ALVA FL                                 |  | ·                           |  | 3.4 CITY-          | ST-ZIP   |   |         |  |
| TITLE  | 1                                       |  |                             | DELETE   | 4.1 TITLE          | ļ  | Change Ad   | ldition |  |
| NAME   |   |  |                             |  | 4.2 NAME           |  |   |         |  |
| STREET ADDRESS   |   |  |                             |  | 4.3 STREE          | T ADDRESS  |   |         |  |
| CITY-ST-ZIP  |   |  |                             |  | 4.4 CITY-          | ST-ZIP   |   |         |  |
| TITLE  |   |  |                             | DELETE   | 5.1 TITLE          | T  |   | ldition |  |
| NAME   |   |  |                             |  | 5.2 NAME           |  | -08/03/98011110 <b>3</b> 0  |         |  |
| STREET ADDRESS   |   |  |                             |  | 5.3 STREET ADDRESS |  | ***150.00   |         |  |
| CITY-ST-ZIP  |   |  |                             |  | 5.4 CITY-          | ST-ZIP   |   |         |  |
| TITLE  |   |  |                             | DELETE   | 6.1 TITLE          |  | Change Ad   | dition  |  |
| NAME   |   |  |                             |  | 6.2 NAME           |  | .0c   | 1       |  |
| STREET ADDRESS   |   |  |                             |  | 6.3 STREE          | TADDRESS   | 12  | _       |  |
| CITY-ST-ZIP  |   |  |                             |  | 6.4 CITY-5         | ST-ZIP   | PE 7.3  |         |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1 32 Comment

7-27-98

## INTELLEX



## Medical Management Systems, Inc.

4634 Palm Beach Blvd., Ft. Myers, FL 33905
Phone (941) 693-1198 Fax; (941) 693-5193
•IBM Industry Remarketer •"The Medical Manager" Direct Dealer

July 22, 1998

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed the signed annual report and a copy of a letter from our agent. He did not receive the original document in May. This is the first document we have received. I am enclosing my check for \$150 as payment in full.

Thank you for your attention to this matter.

Sincerely,

INTELLEX MEDICAL MANAGEMENT SYSTEMS, INC.

Margaret Williams

Margaret Williams Accounts Manager

**Enclosures**